

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

27672

1. PLACE OF DEATH

County..... Jefferson Registration District No. 420
 Township..... Waller Primary Registration District No. 3022
 City..... DeSoto (No.)

File No.
 Registered No. 77
 St. Ward)

2. FULL NAME

August, D. Fromhold
 (a) Residence. No. 319 West Boyd St., Ward.
 (Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 17 - 1867

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>61</u>	<u>5</u>	<u>28</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Mechanic
 (b) General nature of industry, business, or establishment in which employed (or employer) ..
 (c) Name of employer ..

9. BIRTHPLACE (CITY OR TOWN) DeSoto, Mo
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER August Fromhold

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Mary Diehl

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Mrs. Helen F. Allen
 (Address) DeSoto, Mo

15. FILED 8/17/28 1928 D. L. Rozyly REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 15 1928

17. I HEREBY CERTIFY, That I attended deceased from June 1 1928 to Aug 15 1928, that I last saw him alive on Aug 15 1928, and that death occurred, on the date stated above, at 9:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Traumatic injury to medulla oblongata with respiratory paralysis & terminal pneumonia
 (duration) 3 yrs. - mos. - da.

CONTRIBUTORY (SECONDARY) Hypostatic pneumonia & respiratory paralysis
 (duration) 0 yrs. 0 mos. 3 da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH? Illinois

DID AN OPERATION PRECEDE DEATH? No DATE OF ..
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS None
 (Signed) States & Son .. M. D.
8/17 1928 (Address) DeSoto, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL City Cemetery DATE OF BURIAL Aug 18 1928

20. UNDERTAKER R. Cox well & Son ADDRESS DeSoto, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. 1928

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Jefferson
Township Desoto
City Desoto

Registration District No. 420
Primary Registration District No. 3022

File No. _____
Registered No. 74
St. _____ Ward _____

2. FULL NAME August D. Fromhold

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED S (Use the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work _____
- (b) General nature of industry, business, or establishment in which employed (or employer) _____
- (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY)

14. INFORMANT (Address) _____

15. FILED 1918 28 Dr. Paegle REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 15 1918

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Traumatic injury to Medulla oblongata with respiratory paralysis & terminal pneumonia
(duration) _____ yrs. _____ mos. _____ da.
CONTRIBUTORY INJURY RECALD WHILE WORKING AS MACHINIST IN MADEIRA (duration) _____ yrs. _____ mos. _____ da.
18. WHERE WAS DISEASE CONTRACTED at Little Rock, Ark. about 3 years ago
IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) _____, M. D.

_____, 19____ (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL _____ DATE OF BURIAL _____

20. UNDERTAKER _____ ADDRESS _____

19

N. B.—Every statement should be carefully supplied. AGE should be given in full terms, so that it may be properly classified. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETELY PRESCRIBED BY LAW.

SUPPLEMENTARY

S-2767a